BANKERS LIFE AND CASUALTY COMPANY

GR-N190

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination F	Periods			
✓ 1 Yr. ✓ 5 Yrs.	✓ 2 Yrs.✓ 6 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days			TYPE Calendar Day Service Day	
Nursing Ho	me Daily Ber	nefit Amounts	S	Inflation Protection				
\$130 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. I per day per week per month Not Available				✓ 5% Compo		aranteed Pui	chase Option	
Home Car	e Benefit Am	ounts		Residential (Care Facility	Daily Bene	efit Amounts	
Represents Benefit Amo ✓ 100% ☐ 70%	the percentage ount. 90% 60%	of the Nursing H	Home Daily	Represents the Benefit Amount 100%		the Nursing I	Home Daily ☐ 75%	

Waiver of Premium

For facility type benefits, premiums are waived after the elimination period, if any, is satisfied. For HHC type benefits, premiums are waived after 90 days of receiving covered services. Premium for any attached riders are also waived.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 \	ear Maximum P	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$1,135	Not Available	\$1,020	Not Available	\$1,916
55	Not Available	\$1,429	Not Available	\$1,285	Not Available	\$2,375
60	Not Available	\$1,868	Not Available	\$1,679	Not Available	\$3,036
65	Not Available	\$2,505	Not Available	\$2,251	Not Available	\$3,994
70	Not Available	\$3,532	Not Available	\$3,174	Not Available	\$5,540
75	Not Available	\$5,045	Not Available	\$4,535	Not Available	\$7,663
80	Not Available	\$7,370	Not Available	\$6,624	Not Available	Not Available
					10001	

GENWORTH LIFE INSURANCE COMPANY

Policy Premiums will be waived after satisfying the Elimination Period

7037C Rev

This policy form is for Comprehensive Long-Term Care Tax Qualified.				. This is a Par	tnership type	policy and i	s classified as
Maximum F	Policy Benefit	Amounts		Elimination	Periods		
☐ 1 Yr. ☐ 5 Yrs.	☐ 2 Yrs. ☐ 6 Yrs.	☐ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days✓ 30 days	☐ 60 days ☑ 90 days ☐ 100 day		TYPE Calendar Day Service Day
Nursing Hor	ne Daily Bene	efit Amounts	5	Inflation Protection			
\$130 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. I per day per week per month Not Available				✓ 5% Comp		uaranteed Pu	ırchase Option
Home Care	Benefit Amo	unts		Residential Care Facility Daily Benefit Amounts			
Represents the percentage of the Nursing Home Daily Benefit Amount.				Represents the percentage of the Nursing Home Daily Benefit Amount.			Home Daily
✓ 100% □ 70%	□ 90% □ 60%	□ 80% □ 50%	□ 75%	✓ 100% ✓ 70%	□ 90%	□ 80%	□ 75%
Waiver of P	Waiver of Premium						

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.			
3 \	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit			
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		
50	Not Available	\$1,432	Not Available	\$1,191	Not Available	\$2,107		
55	Not Available	\$1,597	Not Available	\$1,300	Not Available	\$2,561		
60	Not Available	\$2,020	Not Available	\$1,623	Not Available	\$2,974		
65	Not Available	\$2,745	Not Available	\$2,307	Not Available	\$4,048		
70	Not Available	\$4,085	Not Available	\$3,654	Not Available	\$5,561		
75	Not Available	\$6,600	Not Available	\$6,114	Not Available	\$8,740		
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available		
Refe	Refer to Section 3 for information on premium increases, if any, since 1990 for this company.							

JOHN HANCOCK LIFE INSURANCE COMPANY

CAP-06

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ☐ 0 days ✓ 60 days TYPE ☐ 7 Yrs. ☐ 20 days ✓ 5 Yrs. ✓ 6 Yrs. ✓ Lifetime ☐ Calendar Day □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$110 minimum to \$500 maximum per [day, week or ☐ Guaranteed Purchase Option month] offered in increments of \$10. ✓ 5% Simple ✓ per day per week per month ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% □ 75% **✓** 70% 60% 50% **✓** 70%

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$1,275	Not Available	\$1,020	Not Available	\$2,142
55	Not Available	\$1,541	Not Available	\$1,233	Not Available	\$2,474
60	Not Available	\$1,902	Not Available	\$1,522	Not Available	\$2,958
65	Not Available	\$2,444	Not Available	\$1,955	Not Available	\$3,723
70	Not Available	\$3,538	Not Available	\$2,831	Not Available	\$5,304
75	Not Available	\$5,546	Not Available	\$4,437	Not Available	\$7,871
80	Not Available	\$9,254	Not Available	\$7,404	Not Available	Not Available
Refe	er to Section 3 f	or information or	n premium incre	ases, if any, sinc	e 1990 for this c	ompany.

Partnership

JOHN HANCOCK LIFE INSURANCE COMPANY

P-FACE(2004)

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ☐ 0 days ☐ 60 days TYPE ☐ 20 days ✓ 5 Yrs. ✓ 6 Yrs. ☐ 7 Yrs. Lifetime ☐ Calendar Day □ 100 days ☐ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$100 minimum to \$300 maximum per [day, week or ☐ Guaranteed Purchase Option month] offered in increments of \$50. ☐ 5% Simple ✓ per day per week per month ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70%

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$366	\$947	\$305	\$764	Not Available	Not Available
55	\$468	\$1,116	\$390	\$872	Not Available	Not Available
60	\$602	\$1,465	\$498	\$1,135	Not Available	Not Available
65	\$939	\$1,817	\$769	\$1,420	Not Available	Not Available
70	\$1,610	\$2,878	\$1,320	\$2,266	Not Available	Not Available
75	\$3,025	\$4,572	\$2,459	\$3,628	Not Available	Not Available
80	\$5,683	\$7,429	\$4,546	\$5,943	Not Available	Not Available
	Ψ0,000	Ψ1,420	ψ 1,0 10	Ψ0,040	14007 (Valiable	NOT AVAIIABLE

METROPOLITAN LIFE INSURANCE COMPANY

LTC2-IDEAL-CAP

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ✓ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs ☐ 0 days ☐ 60 days TYPE 20 days ✓ 5 Yrs. ☐ 6 Yrs. ✓ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ 30 days □ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$130 minimum to \$400 maximum per [day, week or ☐ Guaranteed Purchase Option month] offered in increments of \$10. ☐ 5% Simple per day per week **✓** per month ☐ Not Available Residential Care Facility Daily Benefit Amounts Home Care Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% 80% 75% 70% 60% **✓** 50% **✓** 70%

Waiver of Premium

Takes effect upon benefit eligiblity(after elimination period is satisfied).

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 \	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$1,812	Not Available	\$1,604	Not Available	\$3,199
55	Not Available	\$1,957	Not Available	\$1,732	Not Available	\$3,471
60	Not Available	\$2,438	Not Available	\$2,157	Not Available	\$4,433
65	Not Available	\$3,287	Not Available	\$2,909	Not Available	\$5,893
70	Not Available	\$4,949	Not Available	\$4,380	Not Available	\$8,490
75	Not Available	\$7,962	Not Available	\$7,046	Not Available	\$13,179
80	Not Available	\$12,468	Not Available	\$11,034	Not Available	\$20,049
						i

NEW YORK LIFE INSURANCE COMPANY

21156(0102)

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
✓ 1 Yr. ✓ 5 Yrs.	✓ 2 Yrs.	✓ 3 Yrs.✓ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	☐ 60 days ☑ 90 days ☐ 100 days		TYPE Calendar Day Service Day	
Nursing Hor	ne Daily Bene	efit Amounts		Inflation Protection				
\$130 minimum to \$400 maximum per [day, week or month] offered in increments of \$1. I per day per week per month Not Available				✓ 5% Compo		aranteed F	Purchase Option	
Home Care Benefit Amounts				Residential (Care Facility	Daily Be	nefit Amounts	
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the Benefit Amount.		the Nursin	g Home Daily		
✓ 100% ✓ 70%	⊻ 90% ⊻ 60%	✓ 80% ✓ 50%	□ 75%	✓ 100% ✓ 70%	□ 90%	□ 80%	□ 75%	

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until benefits are no longer being received.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.				
3 \	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit				
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection			
50	Not Available	\$1,372	Not Available	\$1,083	Not Available	\$1,955			
55	Not Available	\$1,812	Not Available	\$1,427	Not Available	\$2,550			
60	Not Available	\$2,194	Not Available	\$1,727	Not Available	\$3,052			
65	Not Available	\$2,819	Not Available	\$2,215	Not Available	\$3,870			
70	Not Available	\$3,760	Not Available	\$2,947	Not Available	\$5,113			
75	Not Available	\$5,624	Not Available	\$4,444	Not Available	\$7,697			
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available			
Dofo	Poter to Section 3 for information on promium increases, if any since 1000 for this company								